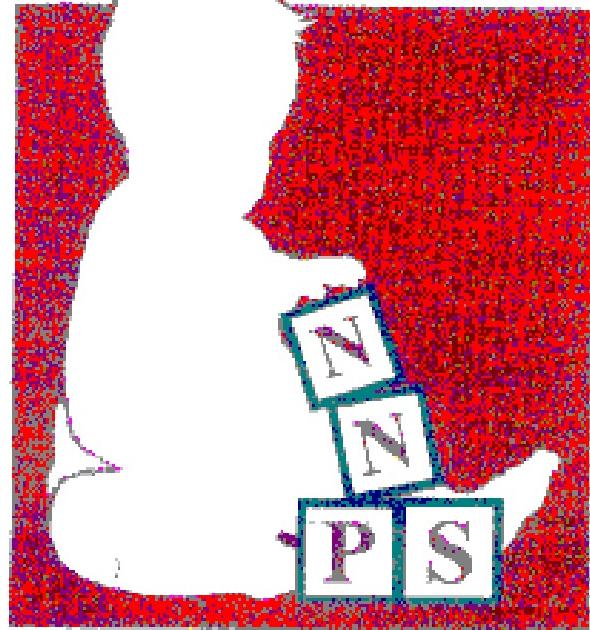


# Welcome!

NEW NEW PARENT SUPPORT



BUILDING FOR THE FUTURE



# Basic NPSP Training

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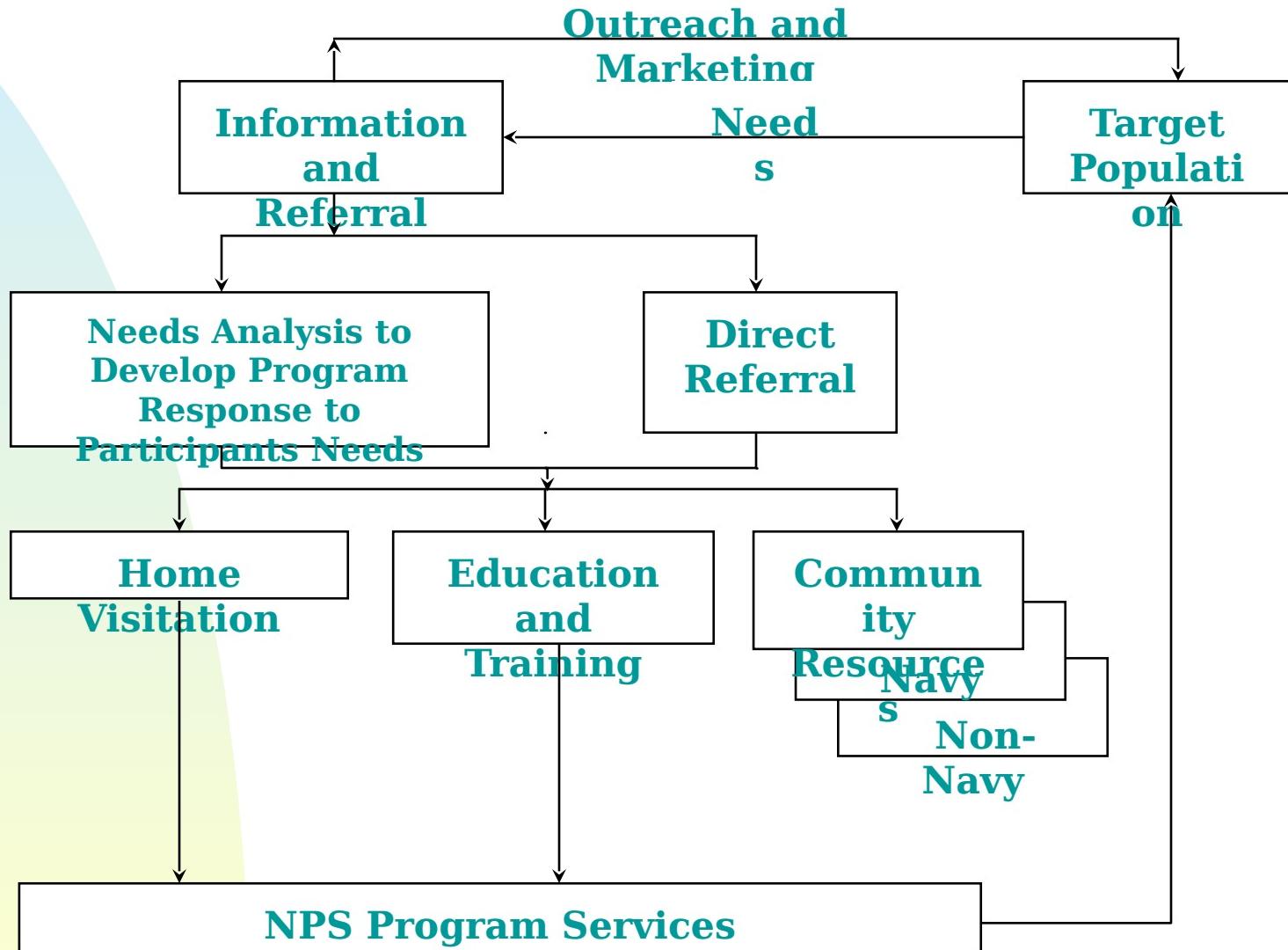
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January 27, 2002



# Program Components

## NRS Program Information and Referral Process



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# Target Population

- All Navy expectant and new parents with an infant under the age of 4 months are eligible for NPS services.
- It is important to note that eligible expectant and new parents with an active FAP case can access NPS services following the successful completion of treatment and closure of the case.



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# NPS Assessment Process

## Definition and Purpose

1. Systematically identify all families within the target population to determine the level of stress.
2. Describe the factors contributing to their stress.
3. Identify those overburdened families who would benefit from home visiting services.

# NPSP Assessment Process



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## Identification of NPSP Target Population

- Self-Referral
- Standard NPSP Recruiting Process
- Medical or Community

## Collect Background Information on Mothers

1. Medical Record Review
2. Pre/Post Natal Interviews

## Initiate NPSP Contact to Complete Initial Screening for High Risk Factors

1. Telephone Interview or
2. In-person Interview

Score Initial Screen  
Score of 2 "Trues"  
or True for #1,  
8 or 11 =  
Positive Screen

Screening Only

Provide General Information

Complete Family Stress Checklist

Score of 25 over: Family at Risk

NPSP Services

Referral to Other Resource(s)

# NPSP Assessment Process



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## Identification of NPSP Target Population

- Self-Referral
- Standard NPSP Recruiting Process
- Medical or Community

## Resource Referral

# NPSP Assessment Process



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## Collect Background Information on Mothers

1. Medical Record Review
2. Pre/Post Natal Interviews



# **NPSP Assessment Process**



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**Initiate NPSP Contact to  
Complete Initial Screening  
for High Risk Factors**

- 1. Telephone Interview or**
- 2. In-person Interview**

# NPSP Assessment Process



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Score Initial Screen  
Score of 2  
“Trues”  
or True for #1,  
**8 or 11 = Positive Screen**



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# Qolmisnet (Lotus Notes)

## Screening Record

# Screening Record



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Date of Screening:

Conducted by:

## Mother's Identifying Information

Mother's Last Name

Mother's First Name

MI

Date of Birth

Age

Street Address

City

State

Zip Code

This Address Is:

On Base  Off Base

Home Phone

Work Phone

EDD (if pregnant)

DOB (if delivered)

Baby's Name (First and Last)

Number in birth order:

## Father's Identifying Information



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Father's Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

MI \_\_\_\_\_

Copy Mother's Information

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

This Address Is:

On Base  Off Base

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Referral Source

### Referral Source

- Civilian Agency
- Civilian Hospital
- Command
- FAP
- Mental Health Clinic

- Military Treatment Facility (MTF)
- Other NPS Program
- Self
- Tricare/CHAMPUS
- Other

### Additional Information:

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**Initial Screen - Please mark T = True F = False U = Unknown**

- |                         |                         |                         |                         |                         |   |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 1.* Mother single or separated  |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 2. Couple recently moved to this location   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 3. Inadequate financial support   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 4. No phone/inadequate transportation   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 5. Education under 12 years   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 6. Inadequate social support  |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 7. History of substance abuse   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 8.* Late prenatal care (later than 12 weeks), poor compliance or no prenatal care |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 9. History of elective abortions  |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 10. History of psychiatric care   |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 11.* Abortion unsuccessfully sought or attempted                                  |
| <input type="radio"/> T | <input type="radio"/> O | <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> U | 12. Relinquishment for adoption sought or attempted                               |



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13. Marital or family problems

- Prior FAP History —  Yes  No

O T O F O U

14. History of, or current, depression

O T O F O U

15. Spouse currently deployed

O T O F O U

16. Spouse expected to be deployed during pregnancy or delivery

O T O F O U

17. Couple lives off base in substandard housing

O T O F O U

18. Mother is unaware of family support services offered on base

#### Information Obtained Through

Telephone Interview  In-Person Interview  Chart review

#### Screening Results

Generate Results



# NPSP Assessment Process

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**Screening  
Only**

**Provide  
General  
Information**

# NPSP Assessment Process



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Complete  
Family  
Stress  
Checklist



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# Family Stress Checklist

Completing the Family Stress  
Checklist is a **SERVICE**.



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# Family Stress Checklist

1. Evaluate a families strengths, coping skills, support system and stresses.
2. Cover ten areas, including childhood history, current use/abuse of alcohol/drugs, potential for violence and bonding and attachment with the baby.
3. Completed by engaging the family in conversation. The Family Stress Checklist is not a questionnaire.
4. Scored using the Rating Scale.



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# Guidelines for Documentation of the Family Stress Checklist

Each assessment should cover the information outlined below. Missing information and undefined terms (such as “occasionally”) will make scoring difficult. As you write up your assessments, check with this outline to make sure you have captured all the necessary information!

Here is the information you should include for each Family Stress Checklist item:





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# Guidelines for Documentation of the Family Stress Checklist

FSC #1 PARENT WAS REPEATEDLY  
BEATEN OR DEPRIVED AS A CHILD:

This item must contain information on what mom and FOB's parents did when they were 'naughty" or did something wrong. **How exactly were they disciplined:** Were they spanked, how often were they spanked, were implements used, were marks left? Did they ever run away from home? Direct questions on nurture or discipline; When you were little who made you feel



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# Guidelines for Documentation of the Family Stress Checklist

FSC #<sup>1</sup> PARENT HAS CRIMINAL  
MENTAL

ILLNESS OR SUBSTANCE ABUSE  
HISTORY:

a) How often do Mom/FOB drink and/or do drugs? How much? If they “use to” find out what that was. Define such terms as social drinker, occasionally, long time ago, etc. You must be able to assess whether this is a current issue for this family.

b) Were either Mom or FOB ever arrested? If yes, when and what for?



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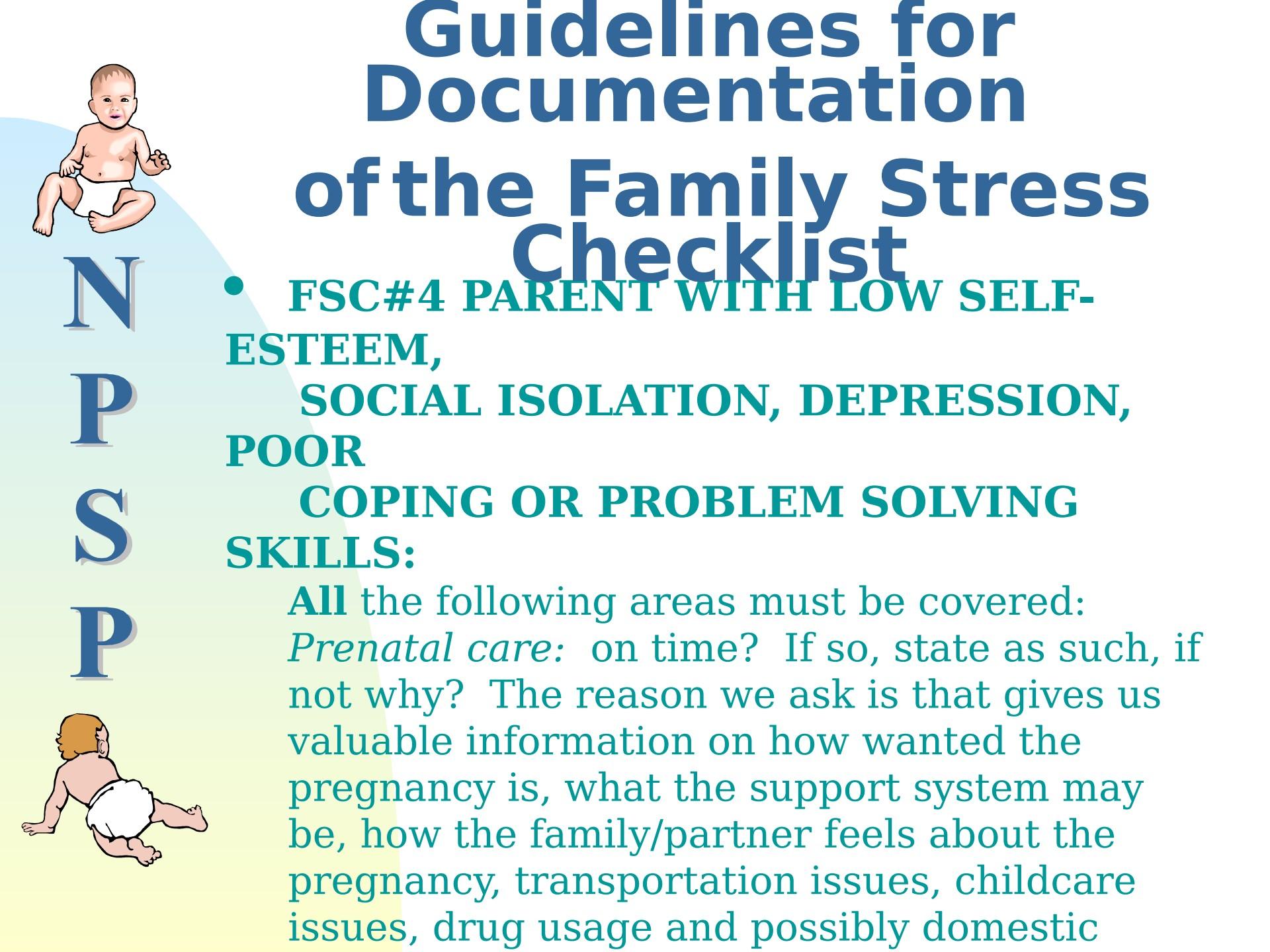


# Guidelines for Documentation of the Family Stress Checklist

- FSC #3 PARENT SUSPECTED of CHILD ABUSE IN THE PAST:

If there is a history of activity, you must find out why and when?

And where are the children?



# **Guidelines for Documentation of the Family Stress Checklist**

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- **FSC#4 PARENT WITH LOW SELF-ESTEEM,  
SOCIAL ISOLATION, DEPRESSION,  
POOR  
COPING OR PROBLEM SOLVING  
SKILLS:**  
**All** the following areas must be covered:  
*Prenatal care:* on time? If so, state as such, if not why? The reason we ask is that gives us valuable information on how wanted the pregnancy is, what the support system may be, how the family/partner feels about the pregnancy, transportation issues, childcare issues, drug usage and possibly domestic



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care skills

## Social Isolation

Lifeline

Transportation

Phone

Friends and Fun

Family

## Coping skills

Late or no prenatal

Depression

HS Grad

Employment

Evidence of poor coping

Substance abuse

Violence

Crime

# Guidelines for Documentation of the Family Stress Checklist

*High School:* (Finished HS) Why going back? Explore with teens who will be there to help with baby? Be specific, remember, just because there is family around, does not mean they are willing/available to help.

*Outlook on Life/Present Situation:* Does Mom/FOB have friends? Do they get out with others?



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# Guidelines for Documentation of the Family Stress Checklist

FSC #5 MULTIPLE CRISES OR STRESSES:

Must always include information on:

- a) *Relationship with FOB:* How are they doing as a couple - do they plan marriage, why/why not?
- b) *Housing:* Is it comfortable, can they stay, can they afford it?
- c) *Finances:* Do they manage, do they have all they need for baby, do they ever run out?



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# Guidelines for Documentation of the Family Stress Checklist

FSC #6 VIOLENT TEMPER  
OUTBURST IN  
EITHER PARENT TOWARD CHILD  
OR  
OTHER:

What do Mom and FOB do when they “fight”? **Describe. Do not write “No Violence”.** If there has been violence in this couple’s past, define when that was (a year ago, a month ago, a few (3) days ago, etc.). Ask about Mom first.



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# Guidelines for Documentation of the Family Stress Checklist

FSC #7 RIGID AND UNREALISTIC EXPECTATIONS OF CHILD'S BEHAVIORS

**BEHAVIORS:** This item must contain information about the two milestones as they were answered by Mom and FOB:

- a) When do you expect baby to walk?
- b) When will you start to potty train?

It is not sufficient to say “Mom knows her milestones” or  
“mom says all babies develop at their own pace”.

- c) **Always** remember the “crying baby scenario”



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# Guidelines for Documentation of the Family Stress Checklist

OFSC #8 HARSH PUNISHMENT OF CHILD

- a) What discipline will parents use and
- b) when will they begin using it.

If parents say “when baby can understand” then you need to find out what **their** idea is of when a baby can understand: At two weeks, two months, two years? If parents “don’t know” what they will do always present them with the scenario of the



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# Guidelines for Documentation of the Family Stress Checklist

- FSC #9 CHILD IS DIFFERENT  
AND/OR  
PROVOCATIVE OR IS PERCEIVED  
TO BE  
BY PARENTS:

Report specifics of what Mom/FOB said. Do not **interpret**. What kind of baby do you have?



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# Guidelines for Documentation of the Family Stress Checklist

• FSC #10 CHILD IS AT RISK FOR:

- a) What did Mom/FOB think about the pregnancy.
- b) How do they feel about baby **now**.





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# Guidelines for Documentation of the Family Stress Checklist

**Some additional points to remember:**

If Mom is hesitant about giving information about the FOB, try still to get information about item 2, 6, and 10. You can set this up for Mom by saying “I know you said you and George are no longer together, but I am wondering, when you were together and you fought, what was that like?”

Words/phrases like: “”Good Childhood,” “abuse,” “occasionally,” sometimes,” “long ago,” “when baby understands,’ a “few” minutes, etc., mean different things to different people and therefore need to be

# **Guidelines for Documentation of the Family Stress Checklist**

**Strengths:** What are you most proud of in your life?



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# Guidelines for Documentation of the Family Stress Checklist

The interviews go best when the person tells you their “story”.

- There are many ways to make this happen and with practice you will become very good at it.





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# Family Stress Checklist

## INTERVIEW TECHNIQUES

- Conversational style
- Start with least personal questions (use of Intake Record)
- Open-ended questions
- Multiple choice format
- Reflective listening

## PHASES OF ASSESSMENT

- Introduction/Entrance
- Bonding/Breakers
- Gathering Assessment Information
- Closure/Exit

## WORDS TO AVOID

Eligible	Help
Questions	Assess(ment)
Problems	Need
Interview	



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## Family Stress Checklist Worksheet

Privacy statement signed:

Name:

Present:

Childhood Hx: violence drugs/alcohol,  
running away, discipline:

Drugs  
Alcohol  
Criminal Hx  
Mental Illness

CPS/FAP  
HS grad, plans, lifelines, work

Housing

Finances  
Relationship with FOB

Stress level 1-10  
Violence:

Walking  
T.T.  
Crying/Time  
Discipline

Perception of baby:

Planned	Unplanned
Married	Unmarried
WIC	
Navy Relief	
Crib	Car
	Seat
Child Care	
Referrals	

Clothes

Family Strengths



# Family Stress Checklist

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The purpose of the Rating Scale is to assist the person doing the assessment in objectively completing the Family Stress Checklist. The Family Stress Checklist question should be scored as follows: 0, 5, or 10.





# Guidelines for Rating and Scoring

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- Use Rating Scale for every assessment
  - Rate each parent (even if not in home)
  - Rate male involved with baby, even if not baby's father
  - Rate each item 0-5-10 or Unk (no blanks)
  - Scores totaled separately for each parent (if there are any Unknowns, indicate beside total score that it is INCOMPLETE)
  - For NPSP Plus services, at least one parent must score 25 or over
- 

# Rating Scale for Family Stress Checklist



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**#1: PARENT BEATEN OR DEPRIVED AS  
CHILD**

Rate as 0

- a) No corporal punishment
- b) Spankings (less than six times ever, which includes no bruises)
- c) Received consistent nurturing





# Rating Scale for Family Stress Checklist

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## #1: PARENT BEATEN OR DEPRIVED AS CHILD

(Rate as 5 if one or more applies):

- a) Spankings, more than six times, no bruises
- b) Received intermittent nurturing
- c) Witnessed physical abuse of sibling
- d) Witnessed spouse abuse of parents



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# Rating Scale for Family Stress Checklist

## #1: PARENT BEATEN OR DEPRIVED AS CHILD

Rate as 10 if one or more applies:

- a) Severe beatings, including bruising
- b) Raised by more than two families
- c) Raised by one or more families but with no nurturing; parent model
- d) Bizarre psychological abuse (i.e., made to eat in garage or doghouse)
- e) History of running away from home
- f) Scapegoated as "black sheep" of family
- g) History of sexual abuse
- h) Removed from home or abandoned
- i ) Raised in family where one or both parents were alcoholics or drug addicted
- j) "Don't remember" their childhood

# Rating Scale for Family Stress Checklist

## #2: PARENT WITH CRIMINAL/MENTAL

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### ILLNESS/SUBSTANCE ABUSE

- a) No arrests or one time mild offense (i.e., teenage shoplifting or stealing a car.) Do not include any crime against a person
- b) No drug use
- c) One time experimental use of any drug
- d) No alcohol use or occasional use, up to one drink per day if
  - this is not seen as a problem by family (if seen as a problem, rate as 5)
- e) Occasional drunkenness, up to one per month if not seen as a
  - problem by family (if seen as a problem, rate as 5)



# Rating Scale for Family Stress Checklist



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## #2: PARENT WITH CRIMINAL/MENTAL ILLNESS/SUBSTANCE ABUSE

- Rate as 5 if one or more applies:**
- a) More than one minor traffic violation or record of one minor juvenile or adult crime (speeding, minor theft)
  - b) Any drug use more than one time (rate as **10 ANY** drug use during pregnancy)
  - c) Drinking regularly with more than one drink per day, or drunkenness more than once a month(if seen as a problem, rate as **10**)
  - d) History, or currently, seeing psychiatrist/psychologist for minor life crisis (i.e., counseling to improve life, rather than therapy for psychiatric problem)
  - e) Parent demonstrates ongoing rehabilitation (for more than two years) but with history of
    - (1) Multiple mild offenses/arrest



# Rating Scale for Family Stress Checklist

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## #3. PARENT SUSPECTED OF ABUSE IN THE PAST

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### Rate as 0:

- a) no reports or CPS activity

### Rate as 5 if one or more applies:

- a) Report of mild abuse; Child not placed in foster care or removed from home

### Rate as 10 if one or more applies:

- a) Official report o serious abuse/death
- b) Mysterious death of sibling
- c) Children placed in foster care/removed from home
- d) Child allowed to use any illicit drug (ever)



# Rating Scale for Family Stress Checklist

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## #2. PARENT WITH CRIMINAL/MENTAL

ILLNESS/SUBSTANCE ABUSE

Rate as **10** if one or more applies:

- a) Chronic pattern of criminal activity
- b) Current or recent prison term (within last two years), driving under influence of alcohol, or history of theft, burglary, felonies, prostitution
- c) Chronic heavy use of any drug, including marijuana
- d) History of recurrent episodes of heavy drug use, even if not currently
  - using (i.e., heroin addict, now reformed, but who has repeatedly reformed and returned to heroin in the past)
- e) Any drug use at anytime during pregnancy, whether knew about pregnancy or not
- f) Current chronic heavy drinking/alcoholism
- g) History of recurrent episodes of alcoholism, even if presently "dry"
- h) Any drinking/drug use, regular or occasional, which results in violent

# Rating Scale for Family Stress Checklist

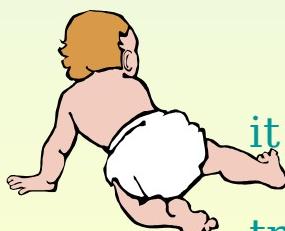


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transportation

## #4: PARENT WITH LOW SELF-ESTEEM, SOCIAL ISOLATION, DEPRESSION, NO LIFELINES

### Rate as 0:

- and/or can and them
- a) Close to at least one family member (i.e., sees regularly does call on them for serious problems)
  - b) Happy and content with life at present
  - c) Sees and enjoys other people regularly
  - d) Parent can name more than one lifeline and will actually use them
  - e) Parent has phone and transportation

### Rate as 5 if two or more applies;

- a) Not close to family with no hostility
- b) Discontent with life but sees this as temporary
- c) Sees and enjoys other people at least once a week
- d) Parent can name one lifeline only and will actually use it
- e) Parent has no phone with none available and/or no transportation
- f) Not a high school graduate
- g) Parent demonstrates difficulty in coping with life



# Rating Scale for Family Stress

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## #4. PARENT WITH LOW SELF-ESTEEM, SOCIAL ISOLATION, DEPRESSION, NO LIFELINES

**Rate as 10 if one or more applies:**

- a) Not close to family, with hostility
- b) Very unhappy or depressed with life and sees this as permanent, or
  - does not see immediate end to situation
- c) Rarely sees other people with little or no enjoyment
- d) Parent can name no lifeline
- e) Parent can name lifeline, but will not actually use it
- f) Parent will not "burden" anyone with problems; feels has to handle by
  - self
- g) Parent unable to cope with life stresses,(i.e., current drug/alcohol,
  - criminal activity, or violence)
- h) History of childhood abuse/neglect without resolution
- i) History of lifestyle indicative of limited coping (i.e., prostitution) or
  - expressions of low self-esteem

# Rating Scale for Family Stress Checklist



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## #5: MULTIPLE CRISES OR STRESSES 0:

- a) Parent can name nothing that is stressful
- b) Parents argue occasionally, but soon resolve without violence
  - do not see this as a problem (if seen as problem, rate as 5)
- c) Finances are not a big problem for family although they may "enough" money

## Rate as 5 if two or more apply, or if one listed under 10 applies:

- a) Parents argue frequently without violence and do not see this as problem
  - (if seen as problem, rate as 10)
- b) Parents argue occasionally without violence, but see this as stressful
- c) Finances are "tight" but parent feels he/she can "manage"
- d) Recent loss of loved one who did not serve as lifeline, recent change of
  - job, with history of good work stability
- e) Recent move, but previously in one place more than one year





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# Rating Scale for Family Stress Checklist

## #5. MULTIPLE CRISES OR STRESSES

**Rate as 10 if two or more applies:**

- a) Parents constantly in conflict with, or without, violence
- b) One parent very afraid of other parent
- c) Finances cause much stress to parent
- d) Chaotic lifestyles with continual crises which parent feels unable to handle
- e) Multiple separations and/or threat of divorce (end of relationship)
- f) Recent loss of loved one who served as lifeline
- g) Frequent job changes
- h) Frequent moves
- i) Living situation seen as stressful by parents (i.e., temporary, overcrowded , conflicts)
- j) Any other stress parent mentions which is constantly present in



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# Rating Scale for Family Stress Checklist

## #6: VIOLENT TEMPER OUTBURST

### Rate as 0:

- a) No violence
- b) Yelling/screaming/leaving when angry

### Rate as 5 if one or more applies:

- a) Parent throws things when angry, but not at people
- b) Parent has pushed/hit when angry (but not within past two years)

### Rate as 10 if one or more applies:

- a) Parent hits, kicks, when angry to leave lasting marks (i.e., bruises, black eye)
- b) Parent has history of violent behavior to others (i.e., assault/murder)
- c) Parent throws things at people
- d) Parent breaks up house in uncontrollable rage
- e) One parent is afraid of violence in spouse, though no history of violence



# Rating Scale for Family Stress Checklist

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#7: RIGID AND UNREALISTIC  
EXPECTATIONS OF  
<sup>CHILD</sup>  
Rate as 0:

- a) No information, but shows concern (i.e., has books, plans to ask doctor)
- b) Expects walking between 9 to 15 months, but will not worry until 15 months
- c) Expects toilet training to begin at 11/2 to 2 years
- d) Will pick up crying baby within 5 to 10 minutes, or expresses concern regarding possible illness

# Rating Scale for Family Stress Checklist

**#7: RIGID AND UNREALISTIC EXPECTATIONS  
OF CHILD** **Rate as 5 if one or more applies:**

- a) Any expectation of walking earlier than above, but without rigidity (i.e., this is not essential to parent)
- b) Any expectations of toilet training earlier than above, but without rigidity (as in "a")
- c) Any expectations of walking/toilet training unreasonably beyond normal (i.e., walking at 4 years - may be indications of parent unwilling to or unable to detect (serious developmental lags)



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# Rating Scale for Family Stress Checklist

#7: RIGID AND UNREALISTIC EXPECTATIONS OF CHILD

Das 10 if one or more applies:

- a) Any rigid expectation of walking/toilet training earlier than above (i.e., this is very important to parent)
- b) Intolerance of normal annoying behavior or excessively concerned about spoiling
- c) Parent says he/she or spouse cannot stand crying baby and will become angry with same
- d) Parent expresses no concern for needs of baby
- e) Parent will not check on , or be concerned



# Rating Scale for Family Stress Checklist

## #8: HARSH PUNISHMENT OF CHILD

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### Rate as 0:

- a) None for infant
- b) Physical punishment not used, or used as secondary strategy to withdrawal or privileges and "time out." When the child is punished physically, no implements (spoon, paddle, or stick) are used

### Rate as 5 if one or more applies:

- a) Yelling at infant
- b) For older children, use of physical punishment, no implements used or bruises

### Rate as 10 if one or more applies:

- a) Physical punishment used for infant
- b) Shaking of baby
- c) Implements used on older children. Physical punishment leaves bruises
- d) Parent was abused as child and sees this as justified, or as right



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# Rating Scale for Family Stress Checklist

## #9: CHILD DIFFICULT AND/OR PROVOCATIVE, PERCEIVED BY PARENT

### **Rate as 0:**

- a) Not present
- b) Child's behavior viewed as normal part of growth

### **Rate as 5 if one or more applies:**

- a) Baby is wakeful, colicky, irritable, or so perceived by parents
- b) Baby seen as sometimes difficult, but positives also mentioned

### **Rate as 10 if one or more applies:**

- a) Baby behavior seen by parents as provocative (i.e., "he wants to make me angry, so he cries")



# Rating Scale for Family Stress Checklist

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than a week)

## #10: CHILD UNWANTED, OR AT RISK FOR POOR BONDING

### Rate as 0:

- a) Baby is very much wanted, whether planned or unplanned
- b) Parents displays warmth when talking about baby
- c) Child rearing looked upon as positive life change

### Rate as 5 if one or more applies:

- a) Baby is wanted, but is premature
- b) Parents initially wanted abortion or adoption, but now feels
  - positive with changes being made in lifestyles to accommodate
  - new addition to family
- c) Unmarried parents
- d) Prolonged separation from parents (i.e., longer than a week)

# Rating Scale for Family Stress Checklist



N  
BONDING  
  
P  
  
S  
  
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## #10: CHILD UNWANTED, OR AT RISK FOR POOR

**Rate as 10 if one or more applies:**

- a) Baby is unwanted (i.e., not coming at good time in parent's life and
  - parents unsure if able to handle situation
- b) Baby must have certain characteristics if parent is going to love it
  - (i.e., certain sex, looks personality, etc.)
- c) Parent is not the natural father of baby, whether or not he states that
  - he wants the baby
- d) Baby seen as burden on lifestyles
- e) No positive statements made about pregnancy, or child rearing
- f) Baby with many medical problems and/or physical deformities



N

P

S

P



# Case Disposition

- Score over 25: Family At Risk
  - 1. Offer NPS Services
  - 2. Referral to other resources
  
- Score under 25: Family Not At Risk
  - 1. Referral to other resources



# Confidentiality

N  
P  
S  
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- Before obtaining information from a participant, the NPSP staff must provide the participant with a Privacy Act Statement and advise the participant about the uses of collected information.
- Participants should be made aware of exceptions to confidentiality related to the military and military and civilian reporting requirements.



# Home Visiting

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## Core Component of NPSP

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1. Helps parent prepare for and deal with the challenges of parenthood.
2. Promotes positive parent-child interaction.
3. Support families self-sufficiency.
4. Links families to medical and community support resources.

S

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N  
P  
S  
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# Home Visiting

## Criteria for Level Promotion

### Purpose

- Assess Family Progress within the context of program goals
- Determine intensity of services required
- Assist in case load management. A case load is a weight of 30 points or a maximum of 25 families.

All families enter program on Level I.  
Moved to Level X if not engaged within 30 days.

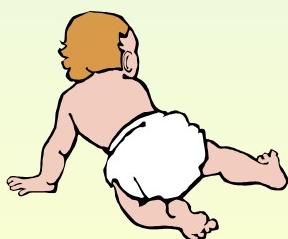


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# Home Visiting

## Criteria for Level Promotion

Families progress should be assessed by home visitor and the supervisor every 2 to 3 months.

- Is the family progressing
- Will they be able to maintain their present level of functioning with a reduction in the frequency of home visits
- Experience shows most families remain at Level I for a minimum of nine months (some families remain at Level I for 2 years)
- Duration varies by family, program and community resources



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# Home Visiting

## Criteria for Level Promotion

While the goal is to empower families it is important not to promote families to a less intense level of services before they are ready.



# Client Levels

(LEVEL # HOME VISITS  
WEIGHT

N

(1-P

2-4 per month

P

(1

1 per week

S

(2

1 every other week

P

1

1 per month



(3

.5

(4

months

1 every 3  
.25

(X

Creative

# Home Visit Record



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Date

NPS Employee

Case Number

Client Name

Start Time

End Time

Length of Visit

Who participated in the home visit?  
(Mark as many as apply)

Is this visit.....

- Mother
- Father
- Siblings
- Other family member(s)
- Other non-family member(s)

Pre-Natal     Post-Partum

Status of the home:

- Airy
- Bright
- Chaotic
- Clean
- Crowded
- Dark
- Dirty
- Messy
- Noisy
- Reading Material Available
- Safe for Baby
- Safe for Siblings
- Stuffy
- Toys Available
- Other



N

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Status of the Parent:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Alert                | <input type="checkbox"/> Friendly            | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Appeared Intoxicated | <input type="checkbox"/> Physically Battered | <input type="checkbox"/> Tearful   |
| <input type="checkbox"/> Appears Healthy      | <input type="checkbox"/> Quiet               | <input type="checkbox"/> Unkept    |
| <input type="checkbox"/> Clean                | <input type="checkbox"/> Sick                | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Depressed            | <input type="checkbox"/> Sleepy              |                                    |

Status of Baby:

- |  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Active                | <input type="checkbox"/> Fussy       | <input type="checkbox"/> Quiet    |
| <input type="checkbox"/> Alert                 | <input type="checkbox"/> Inactive    | <input type="checkbox"/> Sick     |
| <input type="checkbox"/> Appears Healthy       | <input type="checkbox"/> Needs Bath  | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Appropriately Dressed | <input type="checkbox"/> Not at Home | <input type="checkbox"/> Smiley   |
| <input type="checkbox"/> Clean                 | <input type="checkbox"/> Playful     | <input type="checkbox"/> Other    |

Parent/Child Interaction:

C	Cues	
H	Holding	





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E	Eye Contact	
E	Empathy	
E	Environment	
R	Rhythmicity, Reciprocity	
S	Smiles	

Interaction with other Children:

Intervention of FSW:

## Home Visit Activities

### Topics Discussed:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Breastfeeding                | <input type="checkbox"/> Infant stimulation          | <input type="checkbox"/> Parent/Child bonding |
| <input type="checkbox"/> Child growth and development | <input type="checkbox"/> Marital/Relationship issues | <input type="checkbox"/> Postpartum Care      |
| <input type="checkbox"/> Discipline                   | <input type="checkbox"/> Nutrition/Health            | <input type="checkbox"/> Prenatal Care        |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Parent coping skills        | <input type="checkbox"/> Role changes/stress  |
| <input type="checkbox"/> Individual/Personal issues   | <input type="checkbox"/> Parent self esteem          | <input type="checkbox"/> Other                |

## Parent(s) Response to Teaching:

- 
- Verbalize understanding
  - Disagree's with teaching
  - Needs further teaching
  - Demonstrates understanding
  - Appears interested
  - Agree's with teaching
  - Appears indifferent

## Referrals:

## Short Term Goals:

1.	4.
2.	5.
3.	IFSP Due

## Evaluations Completed:

- Devner II
- Ages and Stages
- N-Case Feeding
- N-Case Teaching

## List of handouts, books, and/or tapes given to client:

## Books or Video's signed out from lending library:

## Case Notes:



# CHEEERS

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## Purpose

1. Identify observations that home visitors should make during their home visits.
2. Helpful when assessing indicators of positive or problematic parent child interactions.
3. Observations documented on Home Visit Record

# CHEERS



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C-ues

H-olding

E-ye contact and expression

E-mpathy

E-nvironment

R-hythmicity, Reciprocity

S-miles

{What kind of cues does baby give? Do parents recognize and respond appropriately to them?}

{Quality and frequency, including any touching}

{How much eye contact? Do parents and baby use visual cueing? How much do parents talk to baby? Do parents show baby respect?}

{Is parent sensitive to baby's feelings and needs? Do parents care about how baby feels?}

{As it relates to child development, does environment support growth and development? Are parents interested in and supportive of baby's development?}

{Are they dancing?}

{Are there smiles? Is there joy and love in interactions?}



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# Home Visiting Safety

**ANTICIPATE:** Plan for the worst and hope for the best.

**REMEMBER:** You can't help if you are hurt or if the family is unresponsive. You can't be effective if you are not secure and comfortable.

**SMILE:** It reduces anxiety in both parties!





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# IFSP

## Individual Family Support Plan

# Individual Family Support Plan



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Date:

Parents Name:

Child's Name:

DOB:

Child's Name:

DOB:

Child's Name:

DOB:

Child's Name:

DOB:

Family Strengths:

What I/We Want	How to achieve it.
1. 2. 3. 4.	1. 2. 3. 4.
Did It Happen? (6 months Later) Follow up date	
1. <input type="radio"/> Yes <input type="radio"/> Still at it <input type="radio"/> No	2. <input type="radio"/> Yes <input type="radio"/> Still at it <input type="radio"/> No
Why Not:	Why Not:
3. <input type="radio"/> Yes <input type="radio"/> Still at it <input type="radio"/> No	4. <input type="radio"/> Yes <input type="radio"/> Still at it <input type="radio"/> No
Why Not:	Why Not:
Other Family Accomplishments: 1.	2.

Signatures for Plan

Parent(s)

Home Visitor

Signatures for 6 months Review

Parent(s)

Home Visitor



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# Curriculums

1. Hawaii Department of Health  
Maternal & Child Health  
Branch--Prenatal
2. Healthy Families America,  
San Angelo
3. Others



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# Ages and Stages

## Advantages

1. Administration can be accomplished by people of varying professional expertise
2. Provide scoring flexibility--immediate feedback
3. Several implementation methods can be used
  - a) mailed to families
  - b) on site
  - c) hands on (home visits, etc)
4. Teaching tool



# Ages and Stages

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## Limitations

1. Problematic if only screening one time  
(designed to be periodic)
2. Depending on implementation method a high degree of organization is needed.





# Creative Outreach

Family exhibits several high risk factors but resists participation in the program.

N  
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Try to build trust.

Continue to offer program support.

1. Call to inquire on mother's and baby's well-being
2. Mail infant-development and parenting material
3. Take a new baby packet to the home
4. Other

Frequency and type of creative outreach



# Case Closures

N

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## Reason for Closure--

- ◆ Completed Program
- ◆ Client Termination
- ◆ PCS/Relocation
- ◆ EAOS/Separation
- ◆ Lack of Contact
- ◆ Other



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# Family Service Center Accreditation Compliance Ratings-- *Current*

6810. There is a written plan/local policy for implementation and operation of a NPST.

**Key Indicators:** Program providers can describe program parameters and service delivery goals. Plan/policy includes the program goals as described in BUPERS Itr 1752 Ser 661/01942 of 7 Dec 95.



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# Family Service Center Accreditation Compliance Ratings-- *Current*

68020. There is a system for retaining, recording, reporting and retrieving service delivery data. **Key Indicators:** NPST providers accurately collect, record and analyze data in planning services for new parents. Review of records and verbal report of providers indicate compliance. Each NPST has a computer available for daily use. Collected data is prepared per BUPERS Itr 1752 Ser 661/01943 of 7 Dec 95.



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# Family Service Center Accreditation Compliance Ratings-- *Current*

68030. Case records are maintained on each NPST client per local counseling policy and Healthy Start model.

**Key Indicators:** Case records are neat, legible and contain the following information (as defined in *NPST Family Assessment Worker Early Identification* provided by BUPERS and BUPERS Itr 1752 Ser 661/01943 of 7 Dec 95).

- ♦ Identifying information
- Referral source
- NPST Assessment Record
- Family Stress Checklist
- Intervention/Service delivery plan and goals
- Signed Privacy Act Statement



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# Family Service Center Accreditation Compliance Ratings-- *Current*

- Log of case contacts/ home visits
- Documentation of referrals and actions taken
- Developmental screening, where appropriate
- Individual Family Support Plan, where appropriate
- Closing summary (completed within 30 days).



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# Family Service Center Accreditation Compliance Ratings-- *Current*

68040. NPST Quarterly Report is submitted accurately and on time to BUPERS-661.

**Key Indicator:** Report is completed per guidance contained in BUPERS Itr 1752 Ser 661/01943 of 7 Dec 95.

# Family Service Center Accreditation Compliance Ratings--*Proposed*

## 29000: New Parent Support Program (NPS):

The Family Service Center offers the New Parent Support Program (NPS)

1. NPS is providing services through one or more of the following: education (classes/groups/individual), assessment, home visitation. (WD, RR, and FGI)

2. The NPS Desk Guide, the Healthy Start Model and local counseling policy are being followed. (WD, RR, and I)
3. NPS collaborates with other service delivery agencies, military and civilian. (WD, RR, FGI, and I)
4. The NPS is meeting its program objectives. (WD, RR, FGI, and I)
5. NPS OOLMINSNET data is

WD: Written Document

RR: Record Review

I: Interviewing

FGI: Focus Group Interview



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# Family Service Center Accreditation Compliance Ratings--*Proposed*



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## 29000: **New Parent Support Program (NPS):**

The Family Service Center offers the New Parent Support Program (NPS)

1. There is a written plan/local policy for implementation and operation of the New Parent Support program per BUPERS Itr 1752 Ser 661/01943 of 7 DEC 95.
2. Case records are neat, legible and contain the following as appropriate per the local NSP policy and the Healthy Start model:

Screening record (includes the Family Stress Checklist);

- ◆ Family Demographics Record;
- ◆ Client Contact Summary;
- ◆ Home Visit Record;
- ◆ Family Issues Survey.



# Family Service Center Accreditation Compliance Ratings--Proposed

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## 29000: **New Parent Support Program (NPS):**

The Family Service Center offers the New Parent Support Program (NPS)

Parent Opinion Survey (optional);

- ◆ Mother Support Survey (optional);
- ◆ Referral Log;
- ◆ Consultation Record;
- ◆ Periodic Assessment Form;
- ◆ Individual Family Support Plan;
- ◆ Ages and Stages Questionnaire; and
- ◆ Case Closure Record (completed within 30 days).

3. NPS maintains relationships with other service delivery agencies, military and civilian.



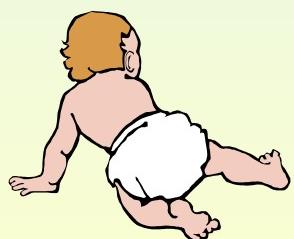


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# Family Service Center Accreditation Compliance Ratings--*Proposed*

## 29000: New Parent Support Program (NPS):

The Family Service Center offers the New Parent Support Program (NPS)

4. A system exists for recording, retaining, retrieving and reporting service delivery data.
5. Data is entered into QOLMISNET to ensure accurate and timely submission of the quarterly report.



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# Quarterly Report

# NPST QUARTERLY REPORT

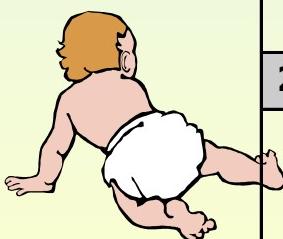


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Installation: \_\_\_\_\_

Quarter covered: \_\_\_\_\_

NPST Assessment/Case Activity Per Month	Month	Month	Month	Total for Quarter	
Referrals Received	#	#	#	#	%
Self					
Military Medicine					
Community Hospital					
Family Advocacy Program					
Command					
Mental Health Clinic					
Civilian Agency					
Other					
<b>1. Total Referrals Received</b>					<b>100%</b>
Initial Screenings Conducted					
Screened Positive					
Screened Not at Risk					
<b>2. Total Screened</b>					<b>100%</b>
Family Stress Checklists Completed					
Assessed - At Risk					
Assessed - Not at Risk					

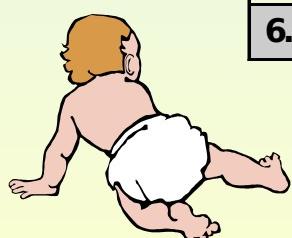


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<b>3. Total Checklists Completed</b>					<b>100%</b>
<b>Disposition Result/Status</b>					
<b>Screening Assessment Only</b>					
<b>Referred to Other Resource</b>					
<b>NPST Case Opened</b>					
<b>Refused Services</b>					
<b>Other</b>					
<b>4. Total Case Dispositions</b>					<b>100%</b>
<b>5. Assessment in Progress</b>					
<b>Case Summary</b>					
<b>New Cases Opened</b>					
<b>Cases Re-Opened</b>					+
<b>Cases Terminated</b>					-
<b>Cases Carried from Last Quarter</b>					+
<b>6. Total Cases Open at End of Quarter</b>					=

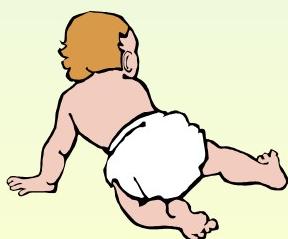


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## Demographics of New Cases Opened This Quarter N=

Marital Status		Age		Number Child	
	#	%		#	%
Single	_____	_____	<19	_____	_____
Separated	_____	_____	20-25	_____	_____
Married	_____	_____	26-35	_____	_____
			36>	_____	_____
Sponsor Relationship to Mother		Sponsor Rank		Reasons for Case Terminations	
	#	%		#	%
Self	_____	_____	E1-E3	_____	_____
Husband	_____	_____	E4-E6	_____	_____
Parent	_____	_____	E7-E8	_____	_____
Housing		O1-O6		PCS	
	#	%		#	%
On Base	_____	_____	Retired	_____	_____
Off Base	_____	_____	Reserve	_____	_____
				Self-Terminated	_____
				Sufficient Progress	_____
				Other:	_____
				Total Terminated	_____ 100%

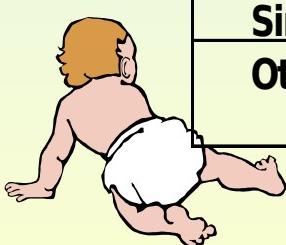


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Services Provided Per Month	Month	Month	Month	Total for Quarter	
Individual Services	# Services	# Services	# Services	# Services	# Clients
Hospital Visits					
Home Visits					
Referrals Made					
Other Services:					
Support Groups					
Prenatal					
New Parent					
Single Parent					
Other:					



N

Staffing Positions	#On Board	Total Hours Worked				Status		
		Month	Month	Month	Total Quarter	Perm	Contract	Vol
Child Health Nurse								
Home Visitor								
Clerical								
Other:	_____							

S

Comments: \_\_\_\_\_

P

Completed by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_





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# Time Management

1. Define what matters most.
2. Plan what matters most.
3. Act in accordance with what matters most.

What Percentage of time in a week do you want to spend doing what matters most?

For example if you want to spend 40% of your time doing home visits a week your case load should be at 40% of 30 or 12. That equals 6 families at level one or a combination of more families at different levels.



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# Time Management

This may be a small percentage of the families in need but may be a realistic goal for a one person team.

You are probably interacting with a lot more families through assessments and classes.



N

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# Classes/Support Groups

## Classes

1. Childbirth Prep.
2. Parent Education
3. Parent-Child Interaction
4. Dad's Class

## Support Groups

1. Prenatal
2. New Parent
3. Single Parent
4. Dad's Group



N

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# Quality Assurance

1. Classes
2. Home Visiting
3. Outcomes
4. Surveys
5. Other



# Open Discussion

N

P

S

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N

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# Closing and Evaluations

Designed and produced by Jason R Tabert, 1999.  
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